

**Metro Government In Line of Duty (IOD) Pharmacy Program**  
Administered by BlueCross BlueShield of Tennessee  
Retail Pharmacy Authorization Form



**Injured Worker:** This form contains necessary information that **must** be provided to your pharmacist to obtain any prescriptions through the Metro Government In Line of Duty Pharmacy Program on or after **January 1, 2013**.

Patient Name \_\_\_\_\_  
Last Name MI First Name


1. ID#: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ (patient's 9-digit IOD ID number)
2. Patient DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Gender: Male \_\_\_\_ Female \_\_\_\_
4. BlueCross BlueShield of Tennessee Group Number: 115623

**Department Information:**

1. Employer: **Metropolitan Government of Nashville and Davidson County**
2. Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Supervisor \_\_\_\_\_ Case Field #: \_\_\_\_\_  
signature

**Pharmacy Information:**

- Pharmacy must enter 9-digit ID number, date of birth, gender and 8-digit RX Group Number.
- RxBIN#: 610014
- RxGrp#: BCTCOMM
- **Pharmacy Network:** Beginning January 1, 2013, Express Scripts® will be the pharmacy benefit manager for BlueCross BlueShield of Tennessee. Your Metro IOD Pharmacy Program consists of two provider networks. The first pharmacy network, RX04 Retail Pharmacy Network, consists of more than 62,000 pharmacies nationwide. Through this network, you may purchase a prescription for a 34-day supply or less. The second pharmacy network, Retail90 Plus, offers the option to purchase up to a 102-day supply of a covered prescription. For the most up-to-date list of participating pharmacies, please visit [bcbst.com](http://bcbst.com).

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| <div data-bbox="154 1507 435 1566"> BlueCross BlueShield of Tennessee<br/><small>BlueCross BlueShield of Tennessee, Inc., an independent licensee of the BlueCross BlueShield Association</small></div> <div data-bbox="456 1507 721 1560">Metro Government In Line of Duty Pharmacy Program</div><br><div data-bbox="154 1623 706 1707">Subscriber Name: _____<br/>Subscriber ID#: _____ Date of Birth: ____/____/____<br/>Gender: Male ____ Female ____</div><br><div data-bbox="154 1766 727 1850">Group#: 115623<br/>RXBIN#: 610014<br/>RXGRP#: BCTCOMM      <b>Blue Network: P</b>      <b>RX04</b></div> | <div data-bbox="815 1507 1151 1535">Pharmacists Call: 1-800-367-7790</div><br><div data-bbox="815 1566 1419 1707">It is the responsibility of the Metro IOD member to ensure that this card is <b>ONLY</b> used for pharmacy claims that have been approved under the IOD Pharmacy Program. This card is <b>NOT</b> to be used to purchase prescriptions that have <b>NOT</b> been approved for you by ASC as part of the Metro IOD Program.</div><br><div data-bbox="815 1736 1390 1818">If you do not know your IOD identification number, contact BlueCross BlueShield of Tennessee at: 1-800-367-7790; or Alternate Service Concepts, LLC at: 1-615-360-0257.</div> |
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